PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail MAY 2 3 2005 or Fax					Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000			
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. We further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless through the word indicated unless through th								
CURRENT CORRESPONDER 23492 ROBERT DEBI ABBOTT LABO 100 ABBOTT PA DEPT. 377/AP6A ABBOTT PARK	NCE ADDRESS (Note: Use Block 1 for 7590 05/02/2005 ERARDINE RATORIES JRK ROAD	any change of address) 09941471	FIRST NAMED Gang) INVENT	Note: A certificate of Fee(s) Transmittal. Tpapers. Each addition have its own certification of the property o	of mailing can only be used in this certificate cannot be used and paper, such as an assignmate of mailing or transmission. ertificate of Mailing or Transmittal is beir with sufficient postage for final Stop ISSUE FEE address PTO (703) 746-4000, on the PAYON HAMPER AND STANSMISSION OF THE AUTONOME ATTORNEY DOCKET NO. 6724.US.P1	for domestic mailings of the for any other accompanying ent or formal drawing, must smission ag deposited with the United st class mail in an envelope above, or being facsimile	
	SELECTIVE PROTEIN TYR							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUI	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400)		\$300	\$1700	08/02/2005	
EXAMINER		ART UNIT		CL	ASS-SUBCLASS			
OH, TAYLOR V		1625			560-041000			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Abbott Laboratories (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Please check the appropriate assignee category or categories (will not be printed on the patent):								
`	SMALL ENTITY status. See	•	🗖 b. Applica	int is no	longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and interest as shown by the re-	o is requested to apply the Issu Publication Fee (if required) words of the United States Pate	ne Fee and Publicat vill not be accepted ant and Trademark	ion Fee (if any from anyone Office.	y) or to re other tha	e-apply any previous in the applicant; a reg	sly paid issue fee to the applications are to the application of the a	ation identified above. ne assignee or other party in	
Authorized Signature .					Date 5/18/05			
Typed or printed name 50h 3nn 2 M. Corbin				Registration No. 51,582				
Alexandria, Virginia 22313	ginia 22313-1450. DO NOT S i-1450.	SEND FEES OR C	OMPLETED	FORMS	TO THIS ADDRES	the public which is to file (and minutes to complete, includir omments on the amount of tit I Trademark Office, U.S. Dep. S. SEND TO: Commissioner displays a valid OMB control	for Patents, P.O. Box 1450,	